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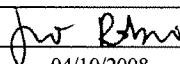
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26161 7590 01/10/2008

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Jennifer Robins	(Depositor's name)
	(Signature)
04/10/2008	(Date)

**FISH & RICHARDSON P.C.
P.O. Box 1022
Minneapolis, MN 55440-1022**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/635,330	08/05/2003	Barbara J. Marshik-Geurts	12258-030001	8117

TITLE OF INVENTION: **NEAR-INFRARED SPECTROSCOPIC ANALYSIS OF BLOOD VESSEL WALLS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$1020	04/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
CATTUNGAL, SANJAY	3768	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.** _____

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

InfraRedx, Inc.

Burlington, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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5. **Change in Entity Status** (from status indicated above)

☐ .a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ .b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) 

(Date) **April 10, 2008**

Typed or Printed Name **Faustino A. Lichauco**

Registration No. **41,942**

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